Attachment B to Info. Memo No. 112 FORM QK.016 - EDP Original to State 5/95

Total Cost/Student:

VIRGINIA DEPARTMENT OF EDUCATION GENERAL ADULT EDUCATION

Local Account Name/Co	vde -

EXTERNAL HIGH SCHOOL DIPLOMA PROGRAM

Date Page of

ist each student on a separate line. Check each student activity completed this school year.														age or				
1		2		3	4	5	6	7	8	9	10	11	12	13	14	15	16	
Student Number	Student's Last Name	ent's Last Name & Initials	ıls	Orginial		Student Activities										Graduation	Termination	
			Registration Date	D	iagnostic H	Iours	Generalized Assessment			Post-Task Assessment			Individual	Activities Completed	Date	Date		
														Assessment	nt			
PAGE TOTALS				XXX												XXXX	XXXX	
GRAND TOTALS				XXX												XXXX	XXXX	
	1			1	<u> </u>			<u> </u>			<u> </u>	<u> </u>	<u> </u>	<u> </u>			1	
Students Graduated Total Cost of Program:						Grand Total of Activities Completed: Allowable Cost per Activity:										State Reimbursement Approved		

Reimbusement Requested:

Total Allowable:

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